




## Field Verification Report(FVR)

Sr. No.	Question	Answer
1	Order Number/ Case Identifier	5002c002-d432-402a-a845-e7a6b13a68b7
2	Name of customer	BELLAMKONDA UDAYA BHASKAR
3	Address	2-17-2a, Opp govt hospital, Opp govt hospital,SPSR NELLORE,Andhra Pradesh,524201
4	Address with Landmark (Address enhancements as the executive reached the shop)	opp govt hospital
5	Name of Person Met	udaya bhaskar
6	Relationship	Self
7	Ownership of Office	Own
8	If Rented (Monthly Rent (O))	
9	Area Locality	Commercial
10	Name Plate / Address plate - Available	Yes
11	Years at current office	More than 3
12	Office Type	Shop in Main Market
13	Visit Lat Long	14.9134 , 79.9935
14	Type of Set up	Fixed - Pucca
15	Number of Employees	0-2
16	Neighbour Check	good
17	Merchant Name	BELLAMKONDA UDAYA BHASKAR
18	Contact Number	8977291687
19	Final Status	Positive
20	Detailed Final Remarks/Comments	
21	GPS Location	2-17-3, Vaddi Palem, Sub Court Area, Vaddi Palem, Kavali, Andhra Pradesh 524201, India

22	Take Photo if Name Plate / Address plate – Available	 <p>2-16/1, Vaddi Palem, Sub Court Area, ... 15-05-2025 01:33:49 PM 14.913467,79.9934918</p>
23	Shop front photo with full vertical viewpoint i.e; shop board, sealing, entrance, ground on which the shop is established (cemented, pilers, bricks, stands, mud, wheels etc.)	 <p>2-17-3, Vaddi Palem, Sub Court Area, ... 15-05-2025 01:35:00 PM 14.9134609,79.9934753</p>
24	Take Photo of Person Met Inside the Shop	 <p>2-17-3, Vaddi Palem, Sub Court Area, ... 15-05-2025 01:35:57 PM 14.9134457,79.9934666</p>

25



Take Photo of QR  
Code/Soundbox/EDC  
Machine



26

Shop front with horizontal  
view covering the left &  
right of the shop  
establishing if the shop is  
an individual structure, in  
a marketplace, highway,  
isolated place, in a cluster  
framework.



27	Shop inside with inventory photos establishing that the inside is of the same shop where the front photo was taken	
28	Neighbourhood photo of the shop	

Important - Mandatory to be filled		
1	Date and Time of Visit	15-05-2025 13:38:07
2	Name of the person doing Field Verification(FV)	R001339635
3	Name of External Agency	RNFI SERVICES LIMITED
4	Name of Checker for FV Report	

